

# Whitwell Health Centre

## Quality Report

Crags Health Care  
The Health Centre  
The Square  
Whitwell  
Nottinghamshire  
S80 4QR

Tel: 01909 8080862

Website: [www.cragshhealthcare.co.uk](http://www.cragshhealthcare.co.uk)

Date of inspection visit: 18 December 2017

Date of publication: 23/02/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Whitwell Health Centre	5
Detailed findings	6
Action we have told the provider to take	18

## Overall summary

### Letter from the Chief Inspector of General Practice

**This practice is rated as good overall.** At the previous Care Quality Commission (CQC) inspection in July 2016, the practice received a good overall rating. This inspection had been undertaken following a six month period when the practice had been placed in special measures, further to our initial inspection and overall inadequate rating in December 2015.

Our announced comprehensive inspection on 18 December 2017 was undertaken to ensure the improvements that had been achieved in July 2016 were being sustained.

The inspection of Whitwell Health Centre was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

At this inspection we found:

- Significant work had been undertaken by the practice to address the findings of our initial inspection in December 2015. A new practice manager helped to drive improvements and we saw notable progress had been achieved with regards to infection control management and the oversight of carers.
- The practice team worked in partnership with community based teams to deliver effective care for

# Summary of findings

their patients. Regular meetings were held with health, social and voluntary care representatives to plan and review the care of the practice's most vulnerable patients.

- The practice provided additional hours to compliment the Clinical Commissioning Group (CCG) funded care co-ordinator post in recognition of the benefits this role provided for patients.
- Plans for a new building at the branch site were progressing in recognition that the existing site did not allow for expansion or deliver services in an environment conducive to 21st century health care.
- The practice benchmarked their performance by reviewing monthly data provided by the CCG. We saw that the practice was not an outlier for any of the performance indicators being monitored by their CCG.
- The practice did not have a written strategy and had not developed clear succession planning arrangements for the future. However, they did engage in locality meetings which encompassed discussions on issues such as the NHS Five Year Forward View.
- We spoke with community based health, social and care home staff who provided us with positive feedback about their interactions with the practice team.
- Results from the latest national GP patient survey showed that the practice had mostly performed in line with local and national averages in the majority of the questions about patient experience. However, results relating to GP consultations were below average and we did not see any evidence that the practice were actively seeking to address this.
- Patients were mostly positive about access to GP appointments. Most said they found it easy to get through to the practice by telephone and were able to obtain a convenient appointment when they needed one. Results from the latest national GP survey demonstrated that 72% of patients were able to see or speak to their preferred GP (local average 60%; national average 56%).
- The practice had identified almost 3% of their patients as being carers. They had developed a carers support and network meeting which was held at the practice every two months.
- The practice encouraged and supported staff to report incidents. When incidents did happen, the practice learned from them and improved their processes.

- Continuous learning and improvement was encouraged at all levels within the practice. Staff training records showed that most essential training had been completed, and regular appraisals helped to encourage the development of the practice team.
- The practice provided some evidence of a quality improvement programme, but audits produced were basic and not followed through to effectively demonstrate their impact on patient care. There was no quality assurance of the clinical coding undertaken within the practice.
- The practice had a procedure to review alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we found that some alerts had not been recorded on the log maintained by the practice, and the outcomes achieved were not clearly indicated or evidenced within patient records.

Importantly, the provider **must** make improvements to the following areas of practice:

- Ensure care and treatment is provided in a safe way to patients by reviewing all relevant patient safety alerts, including those issued from the MHRA. The practice should ensure that documented evidence was available to support timely and appropriate follow up actions were completed, and that all clinical staff were updated.

The areas where the provider **should** make improvements are:

- Continue to explore ways to improve patient experience with regards to GP consultations.
- Consider formal succession planning arrangements within the practice.
- Explore a more structured approach to the practice's quality improvement programme.
- Review the approach to clinical audit and develop a formal in-house audit programme.
- Encourage staff to maintain individual training requirements in accordance with the practice schedule for mandatory and role specific training.
- Review the need for written protocols to support reception staff, for example in dealing with potential medical emergencies.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<b>Older people</b>	<b>Good</b> 
<b>People with long term conditions</b>	<b>Good</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Good</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

# Whitwell Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, and an expert by experience.

## Background to Whitwell Health Centre

Whitwell Health Centre is the registered name with the CQC for Craggs Health Care ([www.craggshealthcare.co.uk](http://www.craggshealthcare.co.uk)) which incorporates GP surgeries at Whitwell and Creswell.

It is registered with the CQC as a partnership consisting of three GP partners. The practice has a population of approximately 5500 registered patients, predominantly of white British background. The practice has a higher proportion of patients aged 65 and above (22%) in comparison to the national average of 17%, although this is in line with the local average of 21%. The practice serves a population ranked in the fourth more deprived decile for deprivation in a former mining community.

The surgery provides primary care medical services commissioned by NHS England and Hardwick CCG. The practice covers a predominantly rural area within north east Derbyshire. Most of the registered patients reside in

local villages although a small number of patients have maintained their registration with the practice despite moving out of area, with some as far away as Nottingham approximately 30 miles way.

The main site is located at The Health Centre, The Square, Whitwell, Nottinghamshire. S80 4QR. There is a branch site at Creswell Surgery, 174 Elmton Road, Creswell, Worksop, Nottinghamshire. S80 4DY.

The premises at Whitwell were purpose built approximately 30 years old, but the branch site in Creswell is in a converted residential property which offers limited opportunities for expansion. Plans are in place for the development of a new building at Creswell but these are yet to be finalised.

As part of our inspection, we only visited the main site at Whitwell.

The practice team consists of the three GP partners (two males and one female). There are two practice nurses, and three health care assistants, one of whom also works as a care coordinator. The clinical team is supported by a practice manager, a secretary, seven receptionists and two audit clerks.

The practice opens from 8am until 6.30pm Monday to Friday, with extended opening hours from 6.30pm to 7.30pm on a Monday and Wednesday evening at Whitwell, and on a Thursday evening at Creswell. Scheduled GP appointment times are available each morning and afternoon at both sites, apart from on one afternoon on most months when the practice closes for staff training.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice had developed systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments, including those for fire, Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and general health and safety issues. It had a range of safety policies which were regularly reviewed and staff received safety information as part of their induction and ongoing training programme.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Most staff had received up-to-date safeguarding training appropriate to their role, and the practice told us that those who were due an update would complete this within the month. Staff knew how to identify and report concerns.
- The practice team worked with other agencies to support and protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We saw clear evidence of effective working with community based health and social care staff to achieve this aim.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Annual checks of professional registration for nurses and GPs were not being undertaken but the practice implemented this following our advice during the inspection. Disclosure and Barring Service (DBS) checks were undertaken for all staff (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had contracted a Human Resources company to provide support with recruitment, for example, in writing employment contracts.
- Information was available to patients to advise them that they could request a chaperone for intimate

examinations or support. Staff who acted as chaperones were trained for the role and had received a DBS check. This role was predominantly undertaken by a nurse or health care assistant.

- There was an effective system to manage infection prevention and control. Regular audits were undertaken and any follow up actions that were identified were addressed promptly. Since our initial inspection in December 2015, the practice had made significant progress in developing the role of the infection control lead and implementing ways of working to adhere with infection control guidance. An annual infection control statement was published on the practice website.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems in place to support the safe management of healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The GPs organised leave between them to ensure only one GP was on holiday at any one time.
- There was an effective induction system for staff tailored to their role. We saw examples of completed induction documentation. Staff told us they were well-supported when they had started working at the practice.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Reception staff told us how they would respond to patients who may be presenting with chest pain, stroke or sepsis but they did not have any written guidance available to support this.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

## Are services safe?

- There was a process to code incoming documentation on the practice computer system. However, there was no quality assurance process to ensure the accuracy of the coding.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- The practice had systems to ensure that any urgent incoming patient documents and pathology results were seen by a doctor. On the day of our inspection, we observed this was well-managed with no evidence of any backlogs.

### Safe and appropriate use of medicines

The practice mostly had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. However, the practice had not considered the need to hold some medicines that might be needed in an emergency. This was discussed and the practice ordered these medicines on the day of our inspection to ensure they were available should they be required.
  - Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. There was evidence of actions taken to support good antimicrobial stewardship. We observed that the practice worked with their local medicines management team and prescribing expenditure was managed to be in line with targets.
  - The practice had a process to ensure any patients being prescribed high-risk medicines were being monitored closely. We observed that a spreadsheet was used to monitor compliance and follow up any patients who were due a blood test. However, regular patient searches were not undertaken by the practice on their computer system which would provide an audit trail and ensure that the inherent errors of a manual system were avoided. The practice agreed to review the effectiveness of their systems.
- The practice involved patients in regular reviews of their medicines. Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.
  - The practice kept prescription stationery securely and monitored its use. Staff ensured that any repeat prescriptions requested were only issued with correct authorisation. Uncollected prescriptions were reviewed and patients were followed up when this was necessary to make sure they had access to their prescribed medicines.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents.
- Staff understood their duty to raise concerns and report incidents.
- GP partners and the practice manager supported them when they did so, and encouraged reporting. We saw that a total of 14 events had been recorded in the last year.
- There were effective systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we saw that when a referral letter had not been completed by the secretary, it was identified this had occurred because of a variety of methods being used to instigate the letter, rather than adherence to a clear procedure. The practice therefore introduced one system in dictating the content of the letter onto a tape to avoid confusion.
- There was a system for receiving and acting on patient and medicine safety alerts. We saw evidence that when medicines alerts were received, they were reviewed and logged, and searches were undertaken to identify patients this might affect. However, we observed that the log did not include all of the relevant alerts and the outcomes recorded did not always provide sufficient evidence of follow up actions.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance. We saw some evidence that new and updated guidance was considered at regularly held clinical and partner meetings.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs, including a review of their prescribed medicines.
- Fortnightly multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. A GP would always attend this meeting. We observed that the practice team worked effectively with community based staff as part of an integrated approach to care.
- The practice provided additional hours to compliment the CCG funded care co-ordinator role in recognition of the benefits this delivered for patients. The care coordinator worked closely with the community matron, and community based health, social and voluntary services to monitor vulnerable older patients, including those discharged from hospital. This ensured that each patient's individual requirements were updated to reflect any new or additional needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. Where patients had one more than one condition, they were seen as part of one recall appointment, rather than have to attend more than once.

- For patients with the most complex needs, the GP worked with other health and care professionals, including the community matron, district nurses and community mental health teams, to deliver a coordinated package of care.
- Advice was sought from specialist nurses when this was indicated.

#### Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. There were arrangements in place to follow up any non-attenders.
- The practice provided contraceptive services, including implants and coil fittings.
- Meetings were held every two months between the safeguarding lead GP and the health visitor to review any children where there were any known safeguarding concerns. The school nurse and midwife would also attend the meeting when they were available.

#### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 85%, which was approximately 4% higher than the local and national averages. This was achieved with exception reporting rates in line with the local rate and 3% lower than the national average. This outcome contributed to the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way with collaboration from the multi-disciplinary team via

# Are services effective?

## (for example, treatment is effective)

meetings every two months with regular communication in-between. The care provided took into account individual needs such as the patients preferred place of care.

- The practice conducted an 'after death analysis' of patients at the meeting to ensure that arrangements supported a caring and dignified end of life, and consider if any lessons could be learned for the future management of patients.
- The practice held a register of patients with a learning disability. The practice had completed annual health reviews for 66% of their 59 patients on this register.

People experiencing poor mental health (including people with dementia):

- A mental health team worker attended multi-disciplinary meetings to discuss patients requiring mental health support.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was lower than the local average of 85% and national average of 83%. Exception reporting rates were in alignment with averages.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This achievement was comparable to the local and national averages, and the exception reporting rates aligned with the average figures.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 95% of patients experiencing poor mental health had received discussion and advice about alcohol consumption in the last 12 months (this was approximately 4% higher than local and national averages).

### Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results for 2016-17 showed an achievement of 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97%, and the national average of 96%. The overall exception reporting rate was 10% which aligned with the national average of 10%. QOF is a system intended to improve the quality of general practice and reward good practice.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

A system for annual recalls for patients with a long term condition had been introduced in the last 12 months. However, the practice informed us that some patients had been missed and were subsequently being followed up. The practice planned to increase the functionality of their computer system to address this. Nursing staff did not lead on long-term condition reviews, and this was a GP led process driven by the computer templates

The practice provided some evidence of a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The practice provided us with two examples of clinical audits which included one full cycle audit on the monitoring of patients being treated with a medicine to treat abnormal heart rhythms. This demonstrated that patients were receiving regular monitoring to ensure they did not experience any side effects from taking their prescribed medicines.
- We did not see evidence of clinical audits focused on new or revised guidance, or in response to MHRA alerts.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. The practice had developed a record of staff training which was evolving at the time of our inspection. Most staff had completed the training modules identified as being mandatory by the practice, and were working through other modules appropriate for their roles. There were some outstanding training needs to be addressed and the practice was monitoring this and ensuring their team completed outstanding training at the earliest opportunity. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, regular staff meetings,

# Are services effective?

(for example, treatment is effective)

appraisals, clinical meetings and support for revalidation. Non-clinical staff appraisals were undertaken jointly by the practice manager and a GP, and the GPs undertook the appraisals for the nurses.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.
- GP locums were not used within the practice and the three GPs provided cross cover arrangements to ensure continuity of care.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice care co-ordinator helped to facilitate this. Information was shared appropriately with out of hours' and other relevant providers to ensure a smooth transition across services for patients.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, there was access to smoking cessation and weight management advice on site.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Care home staff told us that GPs assisted in best interest assessments for their residents when this was appropriate.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Patients told us that staff treated them with kindness, respect and compassion.

- Staff understood patients' personal, cultural and social needs. Most staff had completed up to date training in equality and diversity.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All ten patients we spoke with on the day of the inspection and almost all of the 45 Care Quality Commission patient comment cards we received, were positive about the service experienced. This included reference to caring and respectful staff at all levels.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 270 surveys were sent out and 115 were returned. This represented about 2% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs, but marginally above averages for consultations with nurses. For example:

- 80% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 79% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 91% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 73% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 96%; national average - 91%.
- 97% of patients who responded said the nurse gave them enough time; CCG - 96%; national average - 92%.

- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 96%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

The lower levels of satisfaction with GP consultations had been a theme in the previous GP patient survey in 2016. The practice told us they were aware of this, and informed us they would continue to keep this under review. The practice had undertaken their own internal survey in 2017 although this did not focus upon GP consultations; however they agreed to explore this in more detail.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- The practice team identified patients with information access needs upon registration. If a patient was identified as having a support need to aid communication, their records would be flagged and longer appointments arranged to allow the clinicians' time to explain easy-read documents.
- Staff helped patients and their carers find further information and access community and advocacy services.
- Interpreter services were available to patients although staff told us this had not been needed, and to date any patient whose did not speak English had been accompanied by a family member to act as their translator.

The practice proactively identified patients who were carers, and the list was reviewed on a regular basis to ensure it was kept updated. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 162 patients as carers (this was almost 3% of the practice list).

- The practice ran a meeting for carers every two months, and speakers were invited to highlight the services and

## Are services caring?

means of support available to them. A member of the Patient Participation Group (PPG) informed us this group had been widened to the local community at their suggestion.

- Staff told us that if families had experienced bereavement, a GP would usually make an initial call to the family within 48 hours to offer condolences and enquire if any immediate help might be needed. This call was followed up by a further call from the care coordinator or patient liaison officer to see if signposting to formal bereavement support might be required. Staff would attend patient funerals on occasions.

Results from the national GP patient survey showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, the results regarding GP consultations were below local and national averages:

- 74% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 86% and the national average of 86%.

- 72% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 94%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 90%; national average - 85%.

The practice told us they would review the lower satisfaction scores with GPs and try to address this.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. This was supported by a practice dignity and respect policy which outlined the steps the practice would take to uphold patient privacy and dignity.
- The practice complied with the Data Protection Act 1998, and most staff were up to date with training in information governance.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, and advanced booking of appointments.
- The facilities and premises were appropriate for the services delivered at the main site. The practice were aware that the branch site was no longer fit for purpose and provided limited opportunities for refurbishment and development. However, plans for a new build were well developed and it was hoped that a new facility would be provided in Creswell in the near future.
- The practice made reasonable adjustments when patients found it hard to access services.
- The main site was accessible via ramps and automatic doors with a low level reception desk. There was no hearing loop in place to assist patients who were hard of hearing. The practice had considered this, but further to in-house training delivered by the hearing services team, it had not been pursued due to mixed responses on the effectiveness of hearing loops.

#### Older people:

- All patients aged over 75 were allocated a named GP and had received information about who this was, and what this meant.
- The practice was responsive to the needs of older patients, and offered home visits for those who had difficulties getting to the practice. The practice nursing team provided visits to ensure patients were monitored effectively and received the services they needed – for example: anticoagulation (INR) tests, flu vaccinations, and spirometry testing in patients' homes.
- The practice provided care for residents at a local care home. A weekly visit was made to the home by a named

GP, and any urgent requests were responded to on the day. We spoke to a representative at the care home who informed us that their residents received a very good service from the practice.

#### People with long-term conditions:

- The practice held regular meetings and worked with community based teams to discuss and manage the needs of patients with complex medical issues.
- The practice based care coordinator would undertake a joint visit with the community matron to assess any new patient identified as being at risk of hospital admission. This ensured the patient got to know the care coordinator to assist with future communications. The care coordinator had also attended meetings at the hospital with the community matron to ensure effective discharge planning arrangements were made to support a patient's safe return to their home.

#### Families, children and young people:

- All children under five years of age were offered a same day appointment when requested.
- Early and late appointments were available with the practice nurse to accommodate schoolchildren.
- The midwife provided ante-natal clinics on site each week.

#### Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours appointments were available on three evenings during the week from 6-30 to 7.30pm to see either a GP or nurse.
- Telephone consultations with the GP were offered each day which supported patients who were unable to attend the practice during normal working hours, or had expressed to have this type of consultation as their preference.
- The practice offered a range of services on site which included travel vaccinations, family planning, blood tests, 24 hour blood pressure monitoring, smoking cessation, spirometry (a test used to help diagnose and monitor certain lung conditions), Doppler tests (to help detect abnormal flow within blood circulation),

# Are services responsive to people's needs?

## (for example, to feedback?)

electrocardiogram (an ECG is a simple test that can be used to check a patient's heart's rhythm and electrical activity), and some minor surgical procedures (for example, the excision of simple skin lesions).

People whose circumstances make them vulnerable:

- The practice had instigated a carers meeting which met at the practice every two months. Guest speakers attended to provide carers with information about services and support that was available to them. It also created a valuable networking opportunity for carers to meet together.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Leaflets and forms were available in formats that the learning disability team recommend for patients, including pictures to help them understand procedures.
- The practice provided primary care medical services to two care homes for patients with a learning disability. We spoke with representatives from both homes who told us that they were satisfied with the care provided by the service. They told us that any urgent needs were responded to, and that the practice visited annually to review all their clients to ensure their health needs were being appropriately met. One manager told us that there had been a significant improvement in how the practice had responded to their clients' needs in the last year.

People experiencing poor mental health (including people with dementia):

- The practice had dementia friendly status and the practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The Alzheimer's Society had been involved a review at the practice and this had resulted in some changes to benefit those with dementia such as putting the names of staff on their doors within the practice.
- A community psychiatric nurse attended the fortnightly multi-disciplinary team meetings to help support patients in their own homes and review their ongoing needs.
- Patients with acute mental health needs were seen by the GP on the day of request, or triaged as appropriate.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Most GP appointments were released on the day, although a small number of pre-bookable appointments were available. Advanced bookings to see a GP could be made up to one month ahead.
- On the day of our inspection, we saw that a routine GP appointment could be booked within one week.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. 270 surveys were sent out and 115 were returned. This represented approximately 2% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 82% and the national average of 76%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG - 77%; national average - 71%.
- 89% of patients who responded said that the last time they wanted to speak or see a GP or nurse; they were able to get an appointment; CCG - 88%; national average - 84%.
- 86% of patients who responded said their last appointment was convenient; CCG - 87%; national average - 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.

All ten patients we spoke with on the day of the inspection and almost all of the 45 Care Quality Commission patient comment cards we received, were generally positive about the service experienced. Three cards included a negative comment relating to access to appointments, and one referred to lengthy waits for the telephone to be answered.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The practice's complaint policy and procedure was available on the practice website and a leaflet was available on reception. Some of this information required updating and needed more consistency to be

compliant with recognised guidance and contractual obligations for GPs in England. Eleven complaints were received in the last year which we reviewed and found that they were satisfactorily handled in a timely way.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint was raised that a patient had not been contacted with test results. A message had been left on an answerphone by practice staff and the task had been closed, but the patients had never received the message. The process was subsequently changed and tasks were kept open until there had been direct contact with the patients.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver good-quality care.

- Clinical leadership was directed by GPs assigned lead responsibilities such as prescribing, QOF and safeguarding.
- They were aware of issues and priorities relating to the quality and future of services. They understood the challenges and were mostly trying to address them.
- The GPs and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had not developed a clear approach in terms of the future leadership of the practice. Succession planning arrangements had not been fully considered.
- Weekly partner meetings took place to monitor new and ongoing issues which affected the practice.

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, there was no obvious practice strategy or business plan although staff informed us that the practice attended a locality meeting which looked at issues including the NHS Five Year Forward View and the introduction of 8am-8pm working.

- The practice had a mission statement which was displayed within the practice.
- The practice had developed a vision and values for both staff and patients. A GP partner informed us that the team strove towards providing a safe, efficient, effective and friendly family service to patients.
- Staff we spoke to demonstrated their commitment towards the vision and values and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- GPs engaged with their CCG to influence and drive improvement in the delivery of patient care within the

locality. The practice manager attended local practice manager meetings to discuss issues and share learning. The practice manager and a GP partner also participated in GP Federation Meetings.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They told us that they enjoyed their work and were proud to work in the practice. Staff turnover was very low with most practice team members having worked there for 15 years or more.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received had received an annual appraisal in the last 12 months. Staff were supported to meet the requirements of professional revalidation where necessary.
- Most staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies and procedures which were regularly reviewed. There were no specific written reception protocols in place.
- There was a schedule of regular in-house meetings which were well documented.

### Managing risks, issues and performance

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of incidents and complaints. However, a more robust oversight of MHRA alerts was required.
- Clinical audit was not driving the quality of care and outcomes for patients. There was limited evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents. We saw evidence that this had been implemented recently following the loss of the water supply at the main site.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored.
- The practice did not always effectively utilise information technology systems effectively to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged to shape services and culture.
- There was an active patient participation group with six core members. We spoke with the chair of the PPG who informed us that the PPG had meetings every two

months with practice representatives. The PPG representative told us that the group was treated respectfully and was listened to by the practice, for example, a white board had been placed in the waiting area to inform patients which GPs and staff were on duty that day. The practice was open with them and consulted the PPG on issues that impacted upon patients, for example the plans for the development of a new building at Creswell.

- The practice analysed patient survey data and considered any areas that could be improved. They undertook their own internal annual survey to compliment the national GP survey. However, this was not being used to further explore the issues from the national survey which had highlighted lower levels of satisfaction with regards to GP consultations.
- We saw some evidence that patient feedback had been sought by one GP for patients attending for minor surgery or the contraception clinic. Nine responses had been received which were all extremely positive about the experience.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- Following the initial CQC inspection in December 2015, practice representatives met with social workers from the county council to consider how services and access to support could be improved for carers. This focus on carers led to the recent development of a practice-led carers support network which meet every two months with participation from the carers association, social care and the practice team, including a named GP. This facilitated the uptake of carers assessments for those who had not previously had the opportunity to action this. The meetings were attended by guest speakers to ensure carers received information to support them in their role. For example, representatives from the fire service and the dementia outreach team were planned to attend the next meeting. It was also fostering a support network between carers and had expanded to include carers who lived locally but may not be registered with the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met</b></p> <p>We found that the registered provider had not ensured safe systems were in place to review patients' prescribed medicines in response to safety alerts.</p> <p>This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>